

RECORD INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 192

County Registrar No. 218

Local Registrar No.

1. County of Maricopa

District of 1

Town of Miami

or

City of

No.

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

St.

Ward

2. Full name of child Lois Maria Bodine

If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY  
in event of plural  
births.

4. Twin, triplet or other.

6. Legitimate?

7. Date

of birth

Month day year

5. No., in order of birth.

8. FATHER

Full name

John Calvin Bodine

14. MOTHER

Full maiden name

Myrtle Margaret Duncan

9. Residence

(Usual place of abode)

If nonresident, give place and state

Miami  
Ariz.

15. Residence

(Usual place of abode)

If nonresident, give place and state

Miami  
Ariz.

10. Color of race

White

11. Age at last birthday 22 (Years)

16. Color of race

White

17. Age at last birthday 25 (Years)

12. Birthplace (city or place)

(State or country)

Denver  
Colo.

18. Birthplace (city or place)

(State or country)

La Fayette  
Colo.

13. Occupation

Nature of industry

Musician

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein  
certified and including this child.)

(a) Born alive and now living. 2  
(b) Born alive but now dead. 0  
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum?

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 11 A. M. on the date above stated.

(Born alive or stillborn.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

Signature

Address

Charles E. Irwin, M.D.  
Miami

(Physician or midwife)

Given name added from  
a supplemental report

Month, day, year.

Filed June 1, 1927

Local Registrar.

Registrar.

Filed

County Registrar.

325-525-445